

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/334,434

APPLICANT(S)

FILING DATE
6/16/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6		1				
7						
8		1				
9						
10	1					
11	1					
12		1				
13		1				
14	1					
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49						
50						
TOTAL IND.	17		1			
TOTAL DEP.	11		1		1	
TOTAL CLAIMS	28					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
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98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			1		1	
TOTAL CLAIMS						